

**POOR QUALITY ORIGINAL**

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8212-4

POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT					
Report Number _____ Prepared by _____ 6 TX 9954					
<b>NOTE:</b> This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated in subsequent forms as a result of additional inquiries and on-site inspections.					
<b>GENERAL INSTRUCTIONS:</b> Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to U.S. Environmental Protection Agency, Site Tracking System, Hazardous Waste Enforcement Task Force (EN-JJS), 401 M St., SW, Washington, DC 20460.					
<b>I. SITE IDENTIFICATION</b> TXD 059 769 075					
A. SITE NAME <b>Hydrographic Corporation</b>		B. STREET (or other identifier) 2202 Union Bower Road			
C. CITY <b>Irving</b>		D. STATE Texas	E. ZIP CODE 75060	F. COUNTY NAME Dallas	
G. OWNER/OPERATOR (if known) 1. NAME <b>Michael Ewald - Vice President, Operations</b>		2. TELEPHONE NUMBER 214-438-2681			
H. TYPE OF OWNERSHIP <input type="checkbox"/> FEDERAL <input type="checkbox"/> STATE <input type="checkbox"/> COUNTY <input type="checkbox"/> MUNICIPAL <input checked="" type="checkbox"/> PRIVATE <input type="checkbox"/> UNKNOWN					
I. SITE DESCRIPTION An active anodizing facility since 1977					
J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) <b>CERCLA notification response - TXS - 1001</b>		K. DATE IDENTIFIED 6/15/81			
L. PRINCIPAL STATE CONTACT 1. NAME Unknown					
<b>II. PRELIMINARY ASSESSMENT</b> (complete this section last)					
A. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input type="checkbox"/> 4. NONE <input checked="" type="checkbox"/> 5. UNKNOWN					
B. RECOMMENDATION <input checked="" type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input type="checkbox"/> 2. SITE INSPECTION NEEDED <input type="checkbox"/> 3. TENTATIVELY SCHEDULED FOR <input type="checkbox"/> 4. WILL BE PERFORMED BY _____ <input type="checkbox"/> 5. WILL BE PERFORMED BY _____					
C. SITE INFORMATION <b>RECEIVED MAR 25 1983</b> 1. NAME Gerard A. Gallagher 2. TELEPHONE NUMBER 214-742-6601 3. DATE (mon. day, & year) 2-15-83					
D. SITE STATUS <input type="checkbox"/> 1. ACTIVE (These industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequent quantity.) <input type="checkbox"/> 2. INACTIVE (These sites which no longer receive wastes.) <input type="checkbox"/> 3. OTHER (Specify) _____					
E. IS GENERATOR ON SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify generator's four-digit SIC Code): <b>SUPERFUND FILE</b>					
F. AREA OF SITE (in acres) temporary storage area 500 sq. feet		G. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg-min-sec) Unknown 2. LONGITUDE (deg-min-sec) Unknown			
H. ARE THERE BUILDINGS ON THE SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify): <b>anodizing facility</b>					
REORGANIZED					
T2070-2 (10-79)					
Continue On Reverse					

APM DATE 4/27/83  
REVIEWED BY (SIGNED)

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IV. CHARACTERIZATION OF SITE ACTIVITY					
Indicate the major site activities (check boxes) which is the activity in tanks. If no applicable check.					
<input checked="" type="checkbox"/> A. TRANSPORTER	<input checked="" type="checkbox"/> B. STORE	<input checked="" type="checkbox"/> C. TREATER	<input checked="" type="checkbox"/> D. DISPOSER		
1. RAIL	1. TANK	1. FILTRATION	1. LANDFILL		
2. SHIP	2. SURFACE WASHDOWN	2. INCINERATION	2. LANDFARM		
3. BARGE	3. DRUMS	3. VOLUME REDUCTION	3. OPEN DUMP		
4. TRUCK	4. TANK ABOVE GROUND	4. RECYCLING/RECOVERY	4. SURFACE WASHDOWN		
5. PIPELINE	5. TANK BELOW GROUND	5. CHEMICAL TREATMENT	5. MIGRATION		
6. OTHER (Specify)	6. OTHER (Specify)	6. BIOLOGICAL TREATMENT	6. INCINERATION		
		7. PLATE/OIL REMOVAL	7. UNDERGROUND INJECTION		
		8. SOLVENT RECOVERY	8. OTHER (Specify)		
		9. OTHER (Specify)			
C. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED Process rinse water from sulfuric acid, caustic potash and sodium metasilicate treatment tanks is released to Irving sanitary sewer system. Materials Recovery Enterprises, Inc. disposes of their water base silica sand slurry sludge. Sulfuric acid is the only Class I waste generated. It is transported off-site by Dallas-Worthy Industries, Inc.					
V. WASTE RELATED INFORMATION					
A. WASTE TYPE					
<input type="checkbox"/> 1. UNKNOWN	<input checked="" type="checkbox"/> 2. LIQUID	<input type="checkbox"/> 3. SOLID	<input type="checkbox"/> 4. SLUDGE	<input type="checkbox"/> 5. GAS	
B. WASTE CHARACTERISTICS					
<input type="checkbox"/> 1. UNKNOWN	<input checked="" type="checkbox"/> 2. CORROSIVE	<input type="checkbox"/> 3. IGNITABLE	<input type="checkbox"/> 4. RADIACTIVE	<input type="checkbox"/> 5. HIGHLY VOLATILE	
<input type="checkbox"/> 6. TOXIC	<input type="checkbox"/> 7. REACTIVE	<input type="checkbox"/> 8. INERT	<input type="checkbox"/> 9. FLAMMABLE		
<input type="checkbox"/> 10. OTHER (Specify)					
C. WASTE CATEGORIES					
1. Are names of wastes available? Supply them here or indicate, inc., below.					
Unknown					
2. Estimate the amount/unit of measure of waste by category. Dark "X" is indicate prior wastes are stored.					
1. SLUDGE	2. OIL	3. SOLVENTS	4. CHEMICALS	5. SOLIDS	6. OTHER
AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
Unknown	Unknown	Unknown	Unknown	Unknown	200,000
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
					gal./ day
<input checked="" type="checkbox"/> 11. PAINT/PIGMENTS	<input checked="" type="checkbox"/> 12. OIL/PASTES	<input checked="" type="checkbox"/> 13. IMMIGRATED SOLVENTS	<input checked="" type="checkbox"/> 14. OIDS	<input checked="" type="checkbox"/> 15. PLASTIC	<input checked="" type="checkbox"/> 16. PHARMACEUT.
<input type="checkbox"/> 12. METAL SLUDGES	<input type="checkbox"/> 13. OTHER (Specify)	<input type="checkbox"/> 14. NONHALOGENATED SOLVENTS	<input type="checkbox"/> 15. PICKLING LIQUORS	<input type="checkbox"/> 16. ASBESTOS	<input type="checkbox"/> 17. HOSPITAL
<input type="checkbox"/> 13. POTH		<input type="checkbox"/> 14. OTHER (Specify)	<input type="checkbox"/> 15. CAVETICS	<input type="checkbox"/> 16. MILKING/WINE WASTES	<input type="checkbox"/> 17. RADIACTIVE
<input type="checkbox"/> 14. ALUMINUM SLUDGES			<input type="checkbox"/> 16. PESTICIDES	<input type="checkbox"/> 17. FERROUS METALS/WASTES	<input type="checkbox"/> 18. MUNICIPAL
<input checked="" type="checkbox"/> 15. OTHER (Specify) water base silica sand slurry sludge (see IV E.)			<input type="checkbox"/> 18. OXIDES/INKS	<input type="checkbox"/> 19. NON-FERROUS METALS/WASTES	<input type="checkbox"/> 20. OTHER (Specify) process tank rinse water (see IV. E.)
			<input type="checkbox"/> 19. CYANIDES	<input type="checkbox"/> 20. OTHER (Specify)	
			<input type="checkbox"/> 21. PHENOLS		
			<input type="checkbox"/> 22. HALOGENS		
			<input type="checkbox"/> 23. PCB'S		
			<input type="checkbox"/> 24. NICKEL		
			<input type="checkbox"/> 25. OTHER (Specify)		

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Continued From Page 2

V. WASTE RELATED INFORMATION (continued)				
3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard):				
Sulfuric acid				
4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE: Due to the fact that Hydrographic is both a RCRA and CERCLA notifier, no wastes are disposed of onsite, and that the city of Irving monitors the rinse water discharge, a FIT inspection is not recommended.				
VI. HAZARD DESCRIPTION				
A. TYPE OF HAZARD	B. POTEN- TIAL HAZARD (Mark X)	C. ALLEGED INCIDENT (Mark X)	D. DATE OF INCIDENT (mark X/yr)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (Specify):	Insufficient information to provide a complete hazard description			

5

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II. PERMIT INFORMATION			
A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.			
<input type="checkbox"/> 1. HAZARD PERMIT <input type="checkbox"/> 2. SPCC PLAN <input type="checkbox"/> 3. STATE PERMIT			
<input type="checkbox"/> 4. AIR PERMITS <input type="checkbox"/> 5. LOCAL PERMIT <input type="checkbox"/> 6. ACRA TRANSPORTER			
<input type="checkbox"/> 7. RCRA STORER <input type="checkbox"/> 8. RCRA TREATER <input type="checkbox"/> 9. RCRA DISPOSER			
<input type="checkbox"/> 10. OTHER Unknown			
B. IN COMPLIANCE?			
<input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN			
C. WITH RESPECT TO THE REQUIREMENTS OF THIS FORM:			
VII. PAST REGULATORY ACTIONS			
<input type="checkbox"/> A. NONE <input type="checkbox"/> B. YES /complete items 1, 2, 3, & 4 below			
Unknown			
IX. INSPECTION ACTIVITY (see or on-going)			
<input type="checkbox"/> A. NONE <input type="checkbox"/> B. YES /complete items 1, 2, 3, & 4 below			
I. TYPE OF ACTIVITY      II. DATE OF PAST ACTION (MM/DD/YY)			
III. PERFORMED BY (EPA/State)			
IV. DESCRIPTION			
Unknown			
X. REMEDIAL ACTIVITY (see or on-going)			
<input type="checkbox"/> A. NONE <input type="checkbox"/> B. YES /complete items 1, 2, 3, & 4 below			
I. TYPE OF ACTIVITY      II. DATE OF PAST ACTION (MM/DD/YY)			
III. PERFORMED BY (EPA/State)			
IV. DESCRIPTION			
Unknown			
NOTE: Based on the information in Sections II through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.			

EPA Form TI070-2 (10-79)

PAGE 4 OF 4

2  
5  
2